

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-002739

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 267Primary Registration District No. 3049Registrar's No. 247

FILED JAN 17 1963

## 1. PLACE OF DEATH

a. COUNTY Pemiscotb. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN HaytiLength of stay in 1b  
1 dayc. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Pemiscot Co. Mem. Hosp.Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Pemiscotc. CITY  
OR TOWN HaytiInside Limits  
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)  
408 N 3rd.Reside on Farm  
Yes ☐ No ☒

## 3. NAME OF DECEASED

(Type or print)

First

Middle

Last

Silas MonroeBOROUGHES

## 4. DATE OF DEATH

Month Day Year

January 5, 1963

## 5. SEX

Male

## 6. COLOR OR RACE

White7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

11-2-1881

## 9. AGE (last birthday)

81

## IF UNDER 1 YEAR

Months Days Hours Min.

2 3

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Ret. Farmer

10b. KIND OF BUSINESS OR INDUSTRY

Farming

11. BIRTHPLACE (City and state or country)

Grays County, Kentucky U. S. A.

12. CITIZEN OF WHAT COUNTRY

## 13a. FATHER'S NAME

William Boroughs

## 13b. MOTHER'S MAIDEN NAME

Emily Phillips

## 14. NAME OF HUSBAND OR WIFE

Alma Boroughs

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

\*\*\*\*\*

## 17. INFORMANT

Address

Alma Boroughs, 408 N. 3rd., Hayti, Mo.

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Myocardial infarction secondary to atherosclerosis

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

hypertension

## DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m. Month, Day, Year20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 12-4-62 to Jan 2, 1963 and last saw him alive on 1-2-63  
Death occurred at out 12 P m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Attorney in Law

## 22b. ADDRESS

Hayti, Missouri

## 22c. DATE SIGNED

1-6-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

1-7-63

## 23c. NAME OF CEMETERY OR CREMATORY

East Woodlawn Cemetery

## 23d. LOCATION (City, town, or county)

Hayti, Missouri

(State)

## 24. FUNERAL DIRECTOR

ADDRESS

John W. German Funeral Home, Hayti, Mo.

## 25. DATE RECD. BY LOCAL REG.

1-9-63

## 26. REGISTRAR'S SIGNATURE

Charlotte E. Shaw

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBONVS 300  
Rev. 4/591 07812 07813 24 05 1

6

7 18 09 153.0

10

11

12 1-013 1-0

APR 11 1963

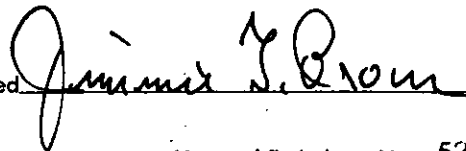
**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed



Licensed Embalmer No. 5206

P. O. Address Hayti, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.